SOUTHERN WI CTR FOR D D 21425 SPRING STREET

UNION GROVE	53182	Phone: (262) 878-2411		Ownership:	State
Operated from	1/1 To 12/31	Days of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction with 1	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/04):	270	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/04):	270	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/04:	249	Average Daily Census:	257

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04)						
Home Health Care No Supp. Home Care-Personal Care No		 Primary Diagnosis 	% 	Age Groups	* *	 Less Than 1 Year 1 - 4 Years	3.2	
Supp. Home Care-Household Services	!		100.0	Under 65	94.4	More Than 4 Years	94.4	
Day Services	-		0.0	65 - 74	4.0			
Respite Care No		Mental Illness (Other)	0.0	75 - 84	1.6		100.0	
Adult Day Care No		Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	*********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer 0.0 Nursing Staff p				Nursing Staff per 100 Res	per 100 Residents	
Home Delivered Meals No		Fractures	0.0	ĺ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	5.6			
Transportation	No	Cerebrovascular	0.0			RNs	13.9	
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	3.4	
Other Services	No	Respiratory		0		Nursing Assistants,		
Provide Day Programming for	Provide Day Programming for Other Medical Conditi		0.0	Male	71.5	Aides, & Orderlies	130.1	
Mentally Ill	Yes			Female	28.5			
Provide Day Programming for			100.0					
Developmentally Disabled Yes					100.0			
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Method of Reimbursement

	Medicare Medicaid (Title 18)			Other			P	Private Pay		Family Care			Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				249	100.0	493	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	249	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		249	100.0		0	0.0		0	0.0		0	0.0		0	0.0		249	100.0

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Admissions, Discharges, and Deaths During Reporting Period	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04										
beating burning Reporting Period				% Needing		Total					
ercent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of				
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	4.2	Bathing	7.6		57.0	35.3	249				
Other Nursing Homes	8.3	Dressing	12.9		55.4	31.7	249				
Acute Care Hospitals	8.3	Transferring	65.5		16.1	18.5	249				
Psych. HospMR/DD Facilities	41.7	Toilet Use	38.6		34.1	27.3	249				
Rehabilitation Hospitals	0.0	Eating	48.2		30.5	21.3	249				
Other Locations	37.5	*******	* * * * * * * * * * * * * * *	*****	************	******	******				
otal Number of Admissions	24	Continence		%	Special Treatmen	ts	%				
ercent Discharges To:		Indwelling Or Extern	nal Catheter	1.6	Receiving Resp	iratory Care	1.6				
Private Home/No Home Health	2.7	Occ/Freq. Incontiner	nt of Bladder	50.2	Receiving Trac	heostomy Care	0.8				
Private Home/With Home Health	2.7	Occ/Freq. Incontiner	nt of Bowel	40.6	Receiving Suct	ioning	1.2				
Other Nursing Homes	0.0	İ			Receiving Osto	my Care	1.6				
Acute Care Hospitals	2.7	Mobility			Receiving Tube	Feeding	11.2				
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	22.9	Receiving Mech	anically Altered Diets	63.5				
Rehabilitation Hospitals	0.0	İ									
Other Locations	81.1	Skin Care			Other Resident C	haracteristics					
Deaths	10.8	With Pressure Sores		0.4	Have Advance D	irectives	0.0				
otal Number of Discharges		With Rashes		3.6	Medications						
(Including Deaths)	37	İ			Receiving Psyc	hoactive Drugs	53.4				

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This		'DD		All		
	Facility		ilities	Fac	ilties		
	% 	% 	Ratio	% 	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.2	93.1	1.02	88.8	1.07		
Current Residents from In-County	13.3	35.3	0.38	77.4	0.17		
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00		
Admissions/Average Daily Census	9.3	20.4	0.46	146.5	0.06		
Discharges/Average Daily Census	14.4	28.3	0.51	148.0	0.10		
Discharges To Private Residence/Average Daily Census	0.8	12.1	0.06	66.9	0.01		
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00		
Residents Aged 65 and Older	5.6	16.0	0.35	87.9	0.06		
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51		
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00		
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57		
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00		
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00		
Impaired ADL (Mean)*	46.2	55.0	0.84	49.4	0.93		
Psychological Problems	53.4	48.1	1.11	57.7	0.93		
Nursing Care Required (Mean)*	10.5	10.7	0.98	7.4	1.41		